

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029698

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7326

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JUL 19 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

MARIES

admission)

c. CITY

OR
TOWN

Vienna

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

St. Louis University

Inside Limits

Yes ☐ No ☐

d. STREET
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

Marvel

Middle

Thomas

Last

Best

4. DATE
OF
DEATH

Month

July

Day

13th

Year

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4-25-1900

9. AGE (last birthday)

63

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Painters Helper

10b. KIND OF BUSINESS OR INDUSTRY

American Fixture Co. Litchfield Illinois

11. BIRTHPLACE (City and state or country)

Litchfield Illinois

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

James Best

13b. MOTHER'S MAIDEN NAME

Lilly Jarman

14. NAME OF HUSBAND OR WIFE

Edith P.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Virgil Earlywine R.R.#1 High Ridge Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

COR Pulmonale

INTERVAL BETWEEN
ONSET AND DEATH

2 yrs.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Emphysema obstructive

11 yrs

DUE TO (c)

Chronic Bronchitis

502.0

2 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Proximal ulcer

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Feb 10

6:00 to

July 13, 1963 and last saw him alive on July 13, 1963

Death occurred at

12:15 P

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Herbert Sweet

22b. ADDRESS

634 N. Grand St. Louis Mo

22c. DATE SIGNED

7-15-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

7-16-63

23c. NAME OF CEMETERY OR CREMATORY

Sunset Burial Park

23d. LOCATION (City, town, or county)

St. Louis County Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Kriegshauser South 4228 So. Kingshighway

25. DATE RECD. BY LOCAL REG.

JUL 16 1963

26. REGISTRAR'S SIGNATURE

Paul Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1

3

4

5

6

7

8

9

10

11

12

13

61

Dr. Herbert Sweet

Mo. Theatre Bldg. Olive 2-7360 3 till 6 PM.

Home

WO 1-7127

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Edwin A. Mc Dermott

Licensed Embalmer No. 3024

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.